

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00571703		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee DMM Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 07 / 2016</div>		
Mailing Address 1911 N. Fort Myer Drive Ste 400			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">12487.53</div>		
City Arlington		State VA	Zip Code 22209		Transaction ID : SE3
Purpose of Expenditure TV/Media Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 07 / 2016</div>	
Name of Federal Candidate Murphy, Patrick, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">6554854.05</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee DMM Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 07 / 2016</div>		
Mailing Address 1911 N. Fort Myer Drive Ste 400			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">2737.88</div>		
City Arlington		State VA	Zip Code 22209		Transaction ID : SE4
Purpose of Expenditure Radio Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 07 / 2016</div>	
Name of Federal Candidate Murphy, Patrick, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">6554854.05</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;">15225.41</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , _____ Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 07 / 2016</div>		